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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	.К: 134000001		CITY OR TOWN	WAILAN	ט
APPLICATION FO	OR RENEWAL:	Annual	LICEN	NSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME	: HO-TAI WAYI	LAND, INC.			
DOING BUSINESS	S A WATER LILY	Y			
ADDRESS 309 BO	STON POST RD				
CITY/TOWN: WA	AYLAND	STATE: MA	ZIP CODE:	01778	
	EN, WEI-LI (7 SLEY)	ΓΥΡΕ OF LICENSE: Res	staurant C	CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS	J:				
	PLEASE ALSO VISIT OU	R WEBSITE AND ENTER YOUR EN	MAIL ADDRESS		_
DESCRIPTION OF	LICENSED PRE	MISES:			
ONE FLOOR, ONE	E KITCHEN, ONE	DINING ROOM			
I hereby certify and	swear under penal	ties of perjury that:			
1. the renev	wed license will be	of the same type for the	same premises nov	v licensed;	
2. the licen	see has complied v	vith all laws of the Comr	nonwealth relating	to taxes; and	
3. the prem	nises are now open	for business (If not expla	ain below)		
SIGNED BY:					
	Individual, Part	ner or Authorized Corpo	orate Officer		
DATE:	TELEPH	ONE NUMBER:	EMPLOYE	R IDENTIFICAT	ΓΙΟΝ NUMBER:
			(Note: NOT In	dividual Social S	Security Number)
				11 61	204 8 3
		are in possession (1) the inspector and the head			
, 0	•	or liability insurance r	_		
Please Check Below:			LOCAL LICEN	SING AUTH	ORITY
APPROVED:]		By:		Old I
DISAPPROVED:			J		
(If disapproved exp	lain)				
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 134000002		CITY OR TOWN	WAYLANI)
APPLICATION FOR RENEWAL	.: Annual	LICEN	SED FOR 20	13
	CLASS			YEAR
LICENSEE NAME: BBRG TR, DOING BUSINESS A COACH O				
ADDRESS 55 BOSTON POST R	D.			
CITY/TOWN: WAYLAND	STATE: MA	ZIP CODE:	01778	
MANAGER:	TYPE OF LICENSE: Res	staurant CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:				
2. the licensee has compliance of the premises are now of SIGNED BY:	. FIRST FLOOR, TWO DIN IT FOR STORAGE	same premises now nonwealth relating to nin below)	licensed;	
DATE: TELI We the undersigned, attest that Acts of 2004, signed by the build license and (2) the certificate of	ding inspector and the head	(Note: <u>NOT</u> Indece certificate required to the fire departs	ividual Social So ed by Chapte nent for the	er 304 of the above named
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENS By:		
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 134000004		CITY OR TOWN	WAYLAND	
APPLICATION FO	R RENEWAL:	Annual	LICEN	SED FOR 201	3
		CLASS		Y	EAR
	NEW SANDY BURI A SANDY BURR CO CHITUATE RD.				
CITY/TOWN: WA		STATE: MA	ZIP CODE:	01778	
	NSEY, TYPE INETH B.	OF LICENSE: Res	taurant Ca	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS					
DESCRIPTION OF LICENSED PREMISES:					
FIRST FLOOR, DINING ROOMS AND PORCHES;SECOND FLR; PRIVATE DINING ROOMS, GRILL, STORAGE IN BASEMENT AND BEVERAGE CART AND GROUNDS OF GOLF COURSE.					
 I hereby certify and swear under penalties of perjury that: the renewed license will be of the same type for the same premises now licensed; the licensee has complied with all laws of the Commonwealth relating to taxes; and the premises are now open for business (If not explain below) 					
SIGNED BY:	Individual, Partner o	r Authorized Corpo	rate Officer		
DATE:	TELEPHONE	NUMBER:		R IDENTIFICATIO	
Acts of 2004, signe	d, attest that we are in d by the building insp certificate of liquor lia	ector and the head	of the fire departi	ment for the a	bove named
Please Check Below: APPROVED: DISAPPROVED: [(If disapproved expl	ain)		LOCAL LICENS By:	SING AUTHOR	RITY
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

			CITY OR TOW		
APPLICATION FOR	R RENEWAL:	Annual	LIC	ENSED FOR 20)13
		CLASS			YEAR
LICENSEE NAME:	DUDLEY CHATE	AU OF COCHITUAT	ΓΕ INC. THE		
DOING BUSINESS	A DUDLEY CHAT	EAU INC.			
ADDRESS 20 CRES	ST RD.				
CITY/TOWN: WA	YLAND	STATE: MA	ZIP CODE:	01778	
	LIVAN, TYP INIS P.	PE OF LICENSE: Res	taurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR WE	EBSITE AND ENTER YOUR EM	IAIL ADDRESS		_
DESCRIPTION OF	LICENSED PREMIS	SES:			
FIRST FLOOR, DIN	IING ROOM AND K	ATCHEN. BASEME	NT FOR STORA	AGE ONLY	
I hereby certify and s	swear under penalties	of perjury that:			
		the same type for the	•		
	•	all laws of the Comm		g to taxes; and	
3. the premi	ses are now open for	business (If not expla	in below)		
SIGNED BY:					
	Individual, Partner	or Authorized Corpo	rate Officer		
DATE:	TELEPHON	E NUMBER:		YER IDENTIFICAT	
DATE:	TELEPHON	E NUMBER:		YER IDENTIFICAT	
		E NUMBER: in possession (1) the	(Note: NOT	Individual Social S	ecurity Number)
We the undersigned Acts of 2004, signed	d, attest that we are d by the building ins	in possession (1) the spector and the head	(Note: NOT) c certificate required of the fire department.	Individual Social S uired by Chapter artment for the	er 304 of the above named
We the undersigned Acts of 2004, signed	d, attest that we are d by the building ins	in possession (1) the	(Note: NOT) c certificate required of the fire department.	Individual Social S uired by Chapter artment for the	er 304 of the above named
We the undersigned Acts of 2004, signed license and (2) the o	d, attest that we are d by the building ins	in possession (1) the spector and the head	(Note: NOT e certificate required from the fire department of the fire department of the fire department of the fire department of the fire from the fire fr	Individual Social S uired by Chapter artment for the	er 304 of the above named Acts of 2010.
We the undersigned Acts of 2004, signed license and (2) the operation of the control of the cont	d, attest that we are d by the building ins	in possession (1) the spector and the head	(Note: NOT e certificate required from the fire department of the fire department of the fire department of the fire department of the fire from the fire fr	Individual Social S uired by Chapte artment for the opter 116 of the	er 304 of the above named Acts of 2010.
We the undersigned Acts of 2004, signed license and (2) the operation of the Please Check Below: APPROVED: DISAPPROVED:	d, attest that we are d by the building ins certificate of liquor	in possession (1) the spector and the head	(Note: NOTe certificate required by Chape LOCAL LICE	Individual Social S uired by Chapte artment for the opter 116 of the	er 304 of the above named Acts of 2010.
We the undersigned Acts of 2004, signed license and (2) the operation of the control of the cont	d, attest that we are d by the building ins certificate of liquor	in possession (1) the spector and the head	(Note: NOTe certificate required by Chape LOCAL LICE	Individual Social S uired by Chapte artment for the opter 116 of the	er 304 of the above named Acts of 2010.
We the undersigned Acts of 2004, signed license and (2) the operation of the Please Check Below: APPROVED: DISAPPROVED:	d, attest that we are d by the building ins certificate of liquor	in possession (1) the spector and the head	(Note: NOTe certificate required by Chape LOCAL LICE	Individual Social S uired by Chapte artment for the opter 116 of the	er 304 of the above named Acts of 2010.



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 134000006		CITY OR	TOWN	WAYLANI)
APPLICATION FOR	R RENEWAL:	Annua	1	LICENS	SED FOR 20	13
		CLAS	S			YEAR
DOING BUSINESS	TOWN & COUNTR A J.J. MCKAY'S RE					
ADDRESS 171 E.CO		CEL A END	7TD C	IODE	01770	
CITY/TOWN: WA		STATE:		ODE:	01778	
MANAGER: MCK JOHN		E OF LICENS	E:Restaurant	CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:						
	PLEASE ALSO VISIT OUR WEE		OUR EMAIL ADDRESS			
	LICENSED PREMISI		NGE AND DAG	W DOOL	A LIGED FOR	
KITCHEN AND ST	SISTING OF DINING ORAGE AREA	ROOM, LOU	NGE AND BAC	K ROOM	I USED FOR	(
I hereby certify and s	wear under penalties of	of perjury that	:			
1. the renew	ed license will be of the	ne same type f	or the same prem	nises now	licensed;	
2. the license	ee has complied with a	all laws of the	Commonwealth	relating to	taxes; and	
3. the premis	ses are now open for b	usiness (If no	explain below)			
SIGNED BY:	Individual, Partner of	or Authorized	Corporate Office	er		
DATE:	TELEPHONE	NUMBER:				ION NUMBER: ecurity Number)
Acts of 2004, signed	d, attest that we are i d by the building insp certificate of liquor li	ector and the	head of the fire	e departn	nent for the	above named
Please Check Below:			LOCAL	LICENS	ING AUTHO	ORITY
APPROVED:			By:			
DISAPPROVED:						
(If disapproved expla	1111)					
DATE:						



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NU	MBER: 134000007		CITY OR TOWN WAYLA	ND
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
LICENSEE N	AME: VILLA INC.	THE		
DOING BUSI	NESS A THE VILLA	A RESTAURANT		
ADDRESS 48	EAST PLAIN ST.			
CITY/TOWN:	: WAYLAND	STATE: MA	ZIP CODE: 01778	
MANAGER:	SCHNETKE, RICHARD C.	TYPE OF LICENSE:Re	staurant CATEGORY	: All Alcohol
EMAIL ADDI	RESS:			
DEG CD IDWIG		OUR WEBSITE AND ENTER YOUR E	MAIL ADDRESS	
	N OF LICENSED PR		JINGE DESTROOM ALL ON	LEIDOT
FLOOR	blbg, MAIN DININ	W ROOM, KITCHEN, LO	UNGE, RESTROOM, ALL ON	N FIRST
I hereby certify	y and swear under pen	alties of perjury that:		
1. the	renewed license will	be of the same type for the	same premises now licensed;	
2. the	licensee has complied	l with all laws of the Com	monwealth relating to taxes; and	l
3. the	premises are now ope	en for business (If not expl	ain below)	
SIGNED BY:				
	Individual, Pa	artner or Authorized Corpo	orate Officer	
DATE.				
DATE:	TELEP	PHONE NUMBER:	EMPLOYER IDENTIFICATION (Note: <u>NOT</u> Individual Social	
				(Security 1 (united)
	0 ,	<u> </u>	e certificate required by Chaj	•
			d of the fire department for the required by Chapter 116 of th	
Please Check Bel	ow:		LOCAL LICENSING AUTI	HORITY
APPROVED:			By:	TORTT
DISAPPROV	ED:		Ž	
(If disapprove	d explain)		-	
			-	
DATE:				
	D DENEWAL MITCH DE EU E	D BY I ICENSEES DUDING TUE A	MONTH OF NOVEMBER (M.G.L. Ch. 138 \$	164)
AND LICATION FOR	C CENTER OF MICOL DE LIEE	2 PT PICEURPIN DOMINO THE IV	1011111 OI 110 1 LITIDEN (IVI.O.L. CII. 130 \$	1011)



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 134000009	CITY OR TOWN WAYLAND
APPLICATION FOR RENEWAL: Annua	LICENSED FOR 2013
CLAS	S YEAR
LICENSEE NAME: GOLF COURSE ENTERPRISES,	LLC
DOING BUSINESS A WAYLAND COUNTRY CLUB	
ADDRESS 121 OLD SUDBURY RD.	
CITY/TOWN: WAYLAND STATE:	MA ZIP CODE: 01778
MANAGER: QUIRK, ROBERT TYPE OF LICENS	E:Restaurant CATEGORY: All Alcohol
EMAIL ADDRESS:	
PLEASE ALSO VISIT OUR WEBSITE AND ENTER Y	OUR EMAIL ADDRESS
DESCRIPTION OF LICENSED PREMISES:	
FIRST FLOOR, 2 ROOMS, UTILITY ROOM STORAC	JE
I hereby certify and swear under penalties of perjury that	:
1. the renewed license will be of the same type for	or the same premises now licensed;
2. the licensee has complied with all laws of the	Commonwealth relating to taxes; and
3. the premises are now open for business (If no	t explain below)
SIGNED BY:	
Individual, Partner or Authorized	Corporate Officer
DATE: TELEPHONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER:
	(Note: NOT Individual Social Security Number)
We the undersigned, attest that we are in possession acts of 2004, signed by the building inspector and the	
license and (2) the certificate of liquor liability insura	
Please Check Below:	LOCAL LICENSING AUTHORITY
APPROVED:	By:
DISAPPROVED:	
DISAPPROVED:	
DISAPPROVED:	



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 134000012		CITY OR TOV	WN WAILAN	D
APPLICATION FO	OR RENEWAL:	Annual	LIC	CENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME	: BROOMSTONES	INC.			
DOING BUSINESS	S A				
ADDRESS 138 RIC	CE RD.				
CITY/TOWN: WA	AYLAND	STATE: MA	ZIP CODE	: 01778	
MANAGER: HOI KA	LEWA, TYI THLEEN-ELLEN	PE OF LICENSE:Ch	ıb	CATEGORY:	All Alcohol
EMAIL ADDRESS	:				
	PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR E	MAIL ADDRESS		
DESCRIPTION OF	F LICENSED PREMIS	SES:			
MAIN FLOOR, SO	CIAL ROOM AND S	TORAGE			
I hereby certify and	swear under penalties	of perjury that:			
1. the renev	wed license will be of	the same type for the	same premises i	now licensed;	
2. the licens	see has complied with	all laws of the Com	monwealth relati	ng to taxes; and	
3. the prem	nises are now open for	business (If not expl	ain below)		
SIGNED BY:					
	Individual, Partner	or Authorized Corp	orate Officer		
DATE:	TELEPHON	E NUMBER:	EMPLO	YER IDENTIFICAT	ΓΙΟΝ NUMBER:
			(Note: NOT	☐ Individual Social S	Security Number)
We the undersione	ed, attest that we are	in neggession (1) th	o contificato noc	usinad by Chant	ton 201 of the
	ed, attest that we are ed by the building in				
license and (2) the	certificate of liquor	liability insurance 1	equired by Cha	pter 116 of the	Acts of 2010.
Please Check Below:			LOCAL LICI	ENSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved expl	lain)				
D 4 500					
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 134000013		CITY OR TOWN	WAYLANI	D
APPLICATION FOR RENEWAL:	Annual	LICEN	SED FOR 20	013
	CLASS			YEAR
LICENSEE NAME: POST ROAD LIQ INC DOING BUSINESS A				
ADDRESS 44 BOSTON POST RD				
	STATE: MA	ZIP CODE:	01778	
MANAGER: RECCO, JOHN TYPE OF	F LICENSE: Pac	kage Store CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:				
PLEASE ALSO VISIT OUR WEBSITE	AND ENTER YOUR EM	IAIL ADDRESS		
DESCRIPTION OF LICENSED PREMISES:		ID FOR DETAIL D	ICDI ANI ANI	.
ONE FLOOR BLDG; FRONT PORTION OF SALES. REAR PORTIONS USED FOR ADM				
I hereby certify and swear under penalties of pe				
1. the renewed license will be of the sa		same premises now	licensed;	
2. the licensee has complied with all la		_		
3. the premises are now open for busing		=		
SIGNED BY:				
Individual, Partner or A	uthorized Corpo	rate Officer		
DATE: TELEPHONE NU	JMBER:			ION NUMBER:
		(Note: NOT Ind	ividual Social So	ecurity Number)
Please Check Below:		LOCAL LICENS	ING AUTHO	ORITY
APPROVED:		ъ		
		By:		
DISAPPROVED:		Ву:		
		Ву:		
DISAPPROVED:		ву: 		



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 134000015		CITY OR TOWN	WAYLAN	D
APPLICATION FO	R RENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS	LAVINS INC OF WAY	YLAND			
ADDRESS 330 OLI	O CONN PATH				
CITY/TOWN: WA	YLAND	STATE: MA	ZIP CODE:	01778	
MANAGER: LAV	VIN, ROBERT R TYPE C	F LICENSE: P	Package Store C.	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR WEBSIT	E AND ENTER YOUR	EMAIL ADDRESS		
DESCRIPTION OF	LICENSED PREMISES:				
	REE SALESROOMS;SEG ; CELLAR FOR STORA		2-FOUR ROOM APA	RTMENT FO	OR .
I hereby certify and	swear under penalties of p	erjury that:			
1. the renew	ved license will be of the s	ame type for the	ne same premises now	licensed;	
2. the licens	see has complied with all	laws of the Cor	nmonwealth relating t	o taxes; and	
3. the premi	ises are now open for busi	ness (If not ex	plain below)		
SIGNED BY:					
	Individual, Partner or A	Authorized Cor	porate Officer		
DATE:			EMPLOME!		TOWN TO THE
DATE.	TELEPHONE N	UMBER:			TION NUMBER: ecurity Number)
			(· · · · · <u>= · · · ·</u> · · ·	arrauur Sociul S	evally rameer,
Please Check Below:			LOCAL LICENS	SING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED:	oin)				
(If disapproved expl	aiii)				
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NU	MBER: 134000017		CITY OR TOWN WAYLAN	ND
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FOR 2	013
		CLASS		YEAR
LICENSEE N	AME: ELMWOOD D	ONUTS, INC.		
DOING BUSI	NESS A MEL'S COM	MONWEALTH CAFE		
ADDRESS 31	0 COMMONWEALTH	ł ROAD		
CITY/TOWN	: WAYLAND	STATE: MA	ZIP CODE: 01778	
MANAGER:	BLOOMSTEIN, MELVIN	TYPE OF LICENSE:Re	staurant CATEGORY:	Wine and Malt Regular
EMAIL ADD	RESS:			
	PLEASE ALSO VISIT OU	UR WEBSITE AND ENTER YOUR E	MAIL ADDRESS	
	N OF LICENSED PRE			
	DINING ROOM WITH AR- 2 SEPARATE DOO		WITH 78 SEATS. FRONT- 2 D	OOUBLE
I hereby certif	y and swear under pena	lties of perjury that:		
1. the	renewed license will be	e of the same type for the	e same premises now licensed;	
2. the	licensee has complied	with all laws of the Com	monwealth relating to taxes; and	
3. the	premises are now open	for business (If not expl	ain below)	
SIGNED BY				
	Individual, Par	tner or Authorized Corp	orate Officer	
DATE:	TELEPH	HONE NUMBER:	EMPLOYER IDENTIFICA	
			(Note: <u>NOT</u> Individual Social	Security Number)
			e certificate required by Chap	
			d of the fire department for the required by Chapter 116 of the	
Please Check Bel	low:		LOCAL LICENSING AUTH	ORITY
APPROVED:			By:	ORTT
DISAPPROV			•	
(If disapprove	d explain)			
DATE:				
	R RENEWAL MUST RE EU ED	RY LICENSEES DURING THE M	MONTH OF NOVEMBER (M.G.L. Ch. 138 \$	
		2. Tremibles Domito Hill IV	OI 110 1 EmbER (M.O.E. Cli. 130 \$	· · · · /



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 134000019		CITY OR TOWN WA	AYLAND
APPLICATION FO	R RENEWAL	: Annual	LICENSED	FOR 2013
		CLASS		YEAR
LICENSEE NAME:	OLD WAY	LAND RESTAURANT, IN	C	
DOING BUSINESS	A PRIMEBA	AR GRILL		
ADDRESS 131 BO	STON POST	RD		
CITY/TOWN: WA	YLAND	STATE: MA	ZIP CODE: 01	778
	IINOS, HOLAS	TYPE OF LICENSE: Re	staurant CATEO	GORY: All Alcohol
EMAIL ADDRESS	:			
	PLEASE ALSO VIS	IT OUR WEBSITE AND ENTER YOUR E	MAIL ADDRESS	
DESCRIPTION OF				
SINGLE STORY B	LDG WITH C	ONE ROOM		
3. the prem SIGNED BY:		pen for business (If not expl		
DATE:	TELI	EPHONE NUMBER:		NTIFICATION NUMBER:
Acts of 2004, signe	ed by the build	we are in possession (1) the ding inspector and the hea liquor liability insurance i	d of the fire department	for the above named
Please Check Below:			LOCAL LICENSING	AUTHORITY
APPROVED:			By:	
DISAPPROVED: (If disapproved expl	 ain)			
(ii disuppioved expi	wiii)			
DATE:				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 134000021		CITY OR TO	WN WAYLAI	ND	
APPLICATION FO	R RENEWAL:	Annual LICENSED I			FOR 2013	
		CLASS			YEAR	
LICENSEE NAME. DOING BUSINESS ADDRESS 177 CO	S A	SUPERMARKETS, II H RD.	NC.			
CITY/TOWN: WA	YLAND	STATE: M	A ZIP COD	E: 01778		
MANAGER: DON K.	NELAN, JOHN	TYPE OF LICENSE:	Package Store	CATEGORY	: Wine and Malt Regular	
EMAIL ADDRESS	:					
	LICENSED PR	DUR WEBSITE AND ENTER YOU EMISES: AN IN AND OUT DOO MERGENCY EXIT O	OR AT THE FROM		EIVING	
 the renew the licens 	wed license will be see has complied ises are now ope	alties of perjury that: be of the same type for with all laws of the Co n for business (If not e	ommonwealth relat		I	
	,					
DATE:	E: TELEPHONE NUMBER: EMPLOYER IDENTI (Note: NOT Individual S					
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSING AUTHORITY By:				
DATE:						



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	: 134000024		CITY OR TOWN	WAYLANI	D	
APPLICATION FOR RENEWAL:		Annual	LICENSED FOR 2013			
		CLASS			YEAR	
LICENSEE NAME:	VIVA MEXICAN GI	RILL AND TEQU	JILERIA INC.			
DOING BUSINESS A	A					
ADDRESS 12 EAST	PLAIN STREET					
CITY/TOWN: WAY	YLAND	STATE: MA	ZIP CODE:	01778		
MANAGER: MEN. M.	DEZ, CARLOS TYPE	OF LICENSE: Re	estaurant CA	ATEGORY:	All Alcohol	
EMAIL ADDRESS:						
DESCRIPTION OF I	PLEASE ALSO VISIT OUR WEBS LICENSED PREMISE		EMAIL ADDRESS			
4365 =/- SQUARE F						
• •	wear under penalties of			1:		
	ed license will be of the ee has complied with al	• 1				
	ses are now open for bu		_	o taxes, and		
SIGNED BY:						
	Individual, Partner or	r Authorized Corp	orate Officer			
DATE: TELEPHONE		NUMBER:		EMPLOYER IDENTIFICATION NUMBER:		
			(Note: NOT Individual Social Security Number)			
Acts of 2004, signed	l, attest that we are in I by the building inspo certificate of liquor lia	ector and the hea	d of the fire departi	ment for the	above named	
Please Check Below:			LOCAL LICENS	ING AUTHO	ORITY	
APPROVED:			By:			
DISAPPROVED: [(If disapproved expla	 in)					
(ii disappioved expia	m)					
DATE:						



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	134000026		CITY OR TOWN	WAYLAN	D
APPLICATION FOR RENEWAL:		Annual	LICENSED FOR 2013		
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS A		ARIETY & DELI COR	P.		
ADDRESS 70 BOSTO	ON POST ROAL)			
CITY/TOWN: WAY	LAND	STATE: MA	ZIP CODE:	01778	
MANAGER: PATEI	L, PANKAJ T	YPE OF LICENSE:P	ackage Store Ca	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
PI	EASE ALSO VISIT OUI	R WEBSITE AND ENTER YOUR	EMAIL ADDRESS		
DESCRIPTION OF L					
CONVENIENCE STO			OM WITH FRONT	AND REAR	EXITS
I hereby certify and sw	-				
		of the same type for th	=		
	_	rith all laws of the Con	_	o taxes; and	
3. the premise	s are now open f	for business (If not exp	olain below)		
SIGNED BY:			O CC		
	Individual, Parti	ner or Authorized Corp	oorate Officer		
D 4 TTD					
DATE:	TELEPHO	ONE NUMBER:			TON NUMBER:
			(Note: NOT Ind	lividual Social S	ecurity Number)
Please Check Below:			LOCAL LICENS	ING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED:			•		
(If disapproved explain	1)				
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMB	ER: 134000027		CITY OR TOWN	I WAYLANI	D	
APPLICATION F	OR RENEWAL:	Annual	LICE	NSED FOR 20	013	
		CLASS			YEAR	
		S RESTAURANT CORPO I'S ITALIAN RESTAURA				
ADDRESS 14 EL	ISSA AVE					
CITY/TOWN: W	AYLAND	STATE: MA	ZIP CODE:	01778		
MANAGER: W	ILLIS, JON R.	TYPE OF LICENSE: Re	estaurant (CATEGORY:	All Alcohol	
EMAIL ADDRES	S:					
		OUR WEBSITE AND ENTER YOUR H	EMAIL ADDRESS			
~	CAP LOCATION	N IN NEWLY DEVELOP ND 20 EXTERIOR SEAS			ENTER.	
I hereby certify and	d swear under per	nalties of perjury that:				
1. the rene	ewed license will	be of the same type for the	e same premises nov	w licensed;		
	-	d with all laws of the Com	•	to taxes; and		
3. the pres	mises are now ope	en for business (If not exp	lain below)			
SIGNED BY:	Individual, P	artner or Authorized Corp	oorate Officer			
DATE:	TELEF	PHONE NUMBER:	EMPLOYE	ER IDENTIFICAT	TON NUMBER:	
				(Note: NOT Individual Social Security Number)		
Acts of 2004, sign	ned by the buildi	ve are in possession (1) the ng inspector and the hea equor liability insurance	d of the fire depar	tment for the	above named	
Please Check Below:	_		LOCAL LICEN	ISING AUTHO	ORITY	
APPROVED: DISAPPROVED:			By:			
(If disapproved ex	plain)					
I.E.	· /					
DATE:						
	NEWAL MIET DE EUE	ED BY LICENSEES DURING THE N	MONTH OF NOVEMBER	MGI Ch 129 ¢ 14	<u> </u>	
THE LICATION FOR KEI	THAT MOST BELITE	TO THE PROPERTY DOMING THE I	ATOTALLE OF TAO A FIMIDEK (,171. U.L. UII. 130 \$ 10	u 1)	